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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Acute Diseases Claiming Fewer Victims

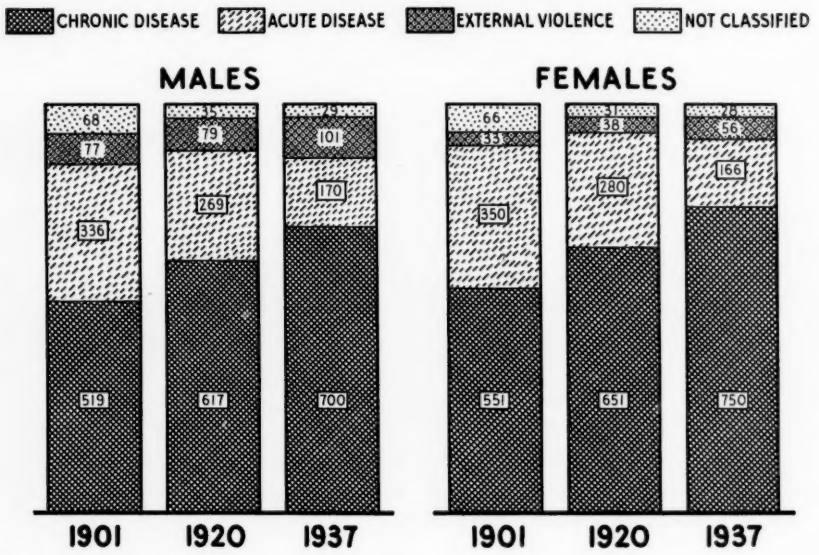
THE striking improvement in mortality which our people have been experiencing since the beginning of the century results almost entirely from substantial reductions in the death rates from the acute and infectious diseases. The childhood ages have been chiefly benefited. On the other hand, most of the chronic diseases, which have their greatest incidence in midlife and old age, have shown little or no improvement, and in some cases there have been actual increases in their mortality rates. Of the chronic diseases, tuberculosis is the only one of importance that has shown any marked improvement. As a result of these changes, and also as a result of the mounting proportion of older persons in the population, the chronic diseases have grown rapidly in importance, and now predominate, by far, in our total mortality picture.

An interesting aspect of this shift is revealed by a comparison of the chances, at birth, of eventually dying from acute or chronic disease, according to conditions prevalent in the general population of the United States in a recent year, 1937, with those found in 1920 and in 1901. The details, separately for total males and total females in 1901, and for white males and white females in 1920 and 1937, are shown graphically in the chart on page 2. In order to complete the picture, details are also given for a third category, "external causes," which includes deaths by suicide, homicide, and accident.

Practically one third of the children born at the beginning of the century would eventually have died from some acute condition, if mortality conditions then prevailing had continued without change. Twenty years later the corresponding chances were somewhat more than one in four, and, with the favorable situation prevailing in recent times, only one sixth of the newly born will eventually die from an acute disease. In these changes we have outstanding evidence of the beneficial effects resulting from progress in the control of typhoid fever, diphtheria, pneumonia, and diarrhea and enteritis, to mention only a few of the most typical acute conditions.

Since eventual death is a certainty,

CHANCES PER THOUSAND (*AT BIRTH*) OF EVENTUALLY DYING FROM CHRONIC DISEASE, ACUTE DISEASE, OR EXTERNAL VIOLENCE UNITED STATES, 1901, 1920, 1937*



*All persons in 1901; white persons only in 1920 and 1937

METROPOLITAN LIFE INSURANCE COMPANY

it is inevitable that the decreasing chances of dying from acute disease should be complemented by increasing chances of dying from chronic disease, the deaths from external violence and from causes not classified being too few to influence the picture materially. According to mortality conditions at the beginning of the century, every other newly born child would have died of chronic disease; in the present situation, chronic disease will ultimately claim about three out of every four.

A fact calling for notice is the marked increase during the period 1920 to 1937 in the chances of eventual death from external violence. The odds against males are far greater than those against females, the chances of death by external violence being one in 10 and one in 20, respectively.

†The classification of the causes of death followed in this article was (code of International List, 1929): acute diseases—1 to 22, 32a, 35 to 37, 39, 43, 44, 56, 60, 61, 78, 79, 86, 89 to 91, 93a, 93b, 104a, 105, 106a, 106c, 107 to 111, 115, 116, 119 to 121, 125, 129, 130, 138, 140 to 152, 154, 156, 158 to 161; chronic diseases —23, 26 to 31, 32b, 33, 34, 40 to 42, 45 to 55, 57 to 59, 62 to 68, 70, 71, 72b, 73 to 77, 80 to 85, 87, 88, 92, 93c, 93d, 94 to 97, 99 to 103, 104b, 106b, 106d, 112 to 114, 117, 122a, 124, 126, 131, 133, 134, 136, 137, 139, 153, 157, 162.

Data for 1901 derived from reported causes of death in Registration Area, and life tables for the Original Registration States, 1900-1902; sources for 1920—Registration States of 1920 and Foudray life tables, 1919-1920; deaths for 1937 relate to total continental United States. Data for white persons were not available for 1901.

Without any remission in our efforts to cope with acute† disease, the facts here related give emphasis to the need for a program of campaign against chronic disease. If the future should bring success in this field commensurate with that of the past in the acute diseases, the results for human life might be almost spectacular.

Mortality Experience of the First Six Months of 1940

THE extraordinary progress in public health which marked the decade that closed with 1939 has continued through the first half of the opening year of the current decade. This is shown by the mortality record of a group of many millions of men, women, and children who are insured in the Industrial Department of the Metropolitan Life Insurance Company. Never before has their death rate during the winter and spring seasons been quite so favorable as in 1940. In one year—1938—it is true, the mortality rate for the half year was so close to that in 1940 that it is necessary to extend the calculation to the second decimal place to show any difference whatever; for the figure in 1940 was 8.11 deaths per 1,000 lives, whereas in 1938 it was 8.14. The average during the 10 years ending with 1939 was 8.98.

In Canada, among approximately 1,250,000 insured persons, the death rate for the first six months of 1940 was well under the previous low for this part of the year.

As year follows year it becomes more and more evident that the vitality of this large cross section of the American and Canadian populations has suffered no visible ill effects from the years of unfavorable business conditions and widespread unemployment that prevailed during the last decade. Early in that period it was feared that the most severe industrial depression of a generation would be quickly reflected in an increased death rate. When this did not happen and when indeed each year, without exception, registered a more favorable mortality rate than had prevailed in any year during the "20's," many health workers still feared that the ill effects on the public health were merely postponed, and that a rise in the death rate would come well before the close of the "30's." This, again, did not happen, and the record new low rate of the current year, to date, is incontrovertible evidence that these fears were idle and may now be entirely dismissed. In fact the current records are an eloquent testimonial to the value of the efforts which were launched in such large measure during these years to protect the public health and welfare.

Individual Causes of Death

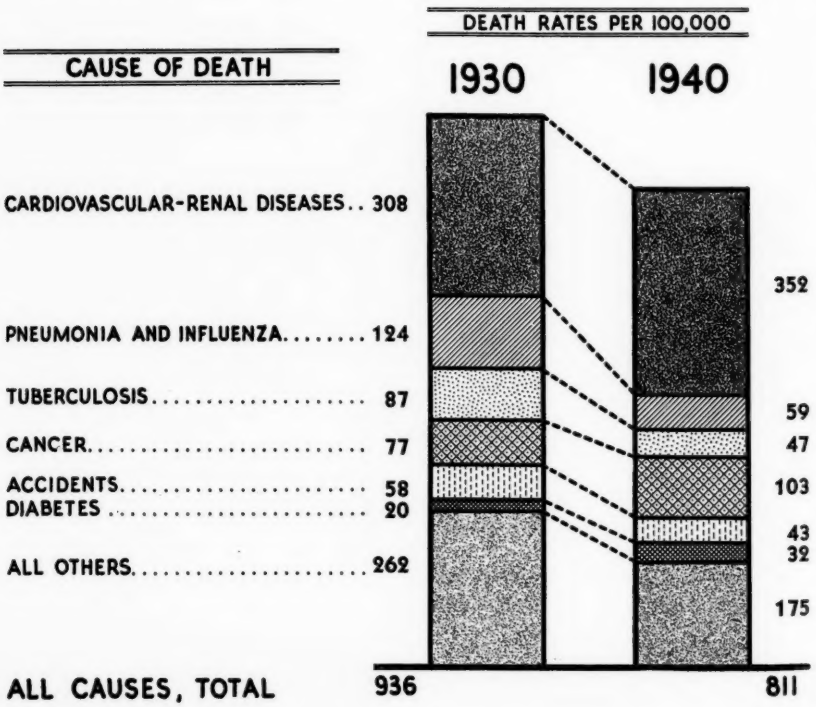
As for the individual causes of death, the record of 1940, to date, contains both favorable and unfavorable items. Each of 10 diseases — typhoid fever, measles,

scarlet fever, whooping cough, diphtheria, pneumonia, tuberculosis, diarrheal diseases, appendicitis, and puerperal conditions—give bright promise that they will register lower mortalities for 1940 than ever before. The same holds true for homicides, and for all kinds of accidents combined. The greatest single achievement in 1940, to date, is the reduction, in a single year, of 22 percent in the mortality from pneumonia. In addition, sizable decreases in deaths from diarrheal diseases and puerperal conditions are very gratifying developments.

Unfavorable aspects are the continued upward course of the mortality rates for cancer, diabetes, and diseases of the coronary arteries—all of them conditions concentrated in the later age periods of life. Careful analysis of the figures shows that much of the increase reflects the ever-growing proportion of older persons among the policyholders, very much as in the general population.

To assist in forming a broad conception of the changes that have taken place in the last 10 years, the graph on this page has been drawn.

DEATH RATES PER 100,000 FOR SIX PRINCIPAL CAUSES
FIRST SIX MONTHS OF 1940 AND 1930 COMPARED
METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT



Death Rates per 100,000 Persons Exposed. First Six Months of 1940 and 1939 Compared. By Color for Selected Causes. All Ages.*
Metropolitan Life Insurance Company.
Industrial Department. Weekly Premium-Paying Business

Causes of Death	Death Rates per 100,000 Persons Exposed*					
	Total		White		Colored	
	Jan.–June 1940	Jan.–June 1939	Jan.–June 1940	Jan.–June 1939	Jan.–June 1940	Jan.–June 1939
All Causes—Total	811.4	824.7	743.0	757.7	1,326.4	1,335.2
Typhoid fever	.4	.5	.4	.4	.9	1.1
Communicable diseases of childhood	3.4	5.1	3.6	5.2	1.8	4.2
Measles	.4	1.0	.5	1.0	—	.3
Scarlet fever	.7	1.0	.8	1.0	.3	1.0
Whooping cough	1.3	1.9	1.4	1.9	.9	2.2
Diphtheria	.9	1.2	.9	1.3	.6	.7
Influenza and pneumonia	59.3	76.1	50.5	68.0	125.2	137.6
Influenza	11.9	15.6	9.1	13.3	32.7	32.9
Pneumonia (all forms)	47.4	60.5	41.4	54.7	92.5	104.7
Bronchopneumonia	19.5	24.5	18.0	23.4	31.1	32.8
Lobar and undefined	27.9	36.0	23.4	31.3	61.4	71.9
Tuberculosis (all forms)	46.6	47.4	35.5	35.0	130.5	142.0
Tuberculosis of respiratory system	42.2	42.5	32.1	31.5	118.1	126.8
Syphilis	12.4	11.7†	7.6	6.8†	48.9	49.3†
Cancer (all forms)	103.0	100.6	101.3	99.8	115.5	106.5
Diabetes mellitus	31.5	29.1	31.0	28.8	35.1	31.8
Alcoholism	1.3	1.1	1.2	1.1	1.8	1.7
Cerebral hemorrhage	64.3	63.5	56.6	55.7	121.9	123.3
Diseases of the coronary arteries	51.3	41.7	52.7	42.8	40.8	33.4
Angina pectoris	3.4	7.0	3.5	7.1	3.1	5.7
Diseases of the heart (other forms)‡	172.5	174.7	159.9	162.1	267.3	270.5
Diarrhea and enteritis	3.7	4.6	3.7	4.5	4.3	4.7
Appendicitis	8.9	9.9	8.7	9.4	10.4	13.9
Chronic nephritis	61.3	55.4	50.8	47.7	140.6	113.9
Puerperal state—total	4.8	5.7	4.0	4.9	10.4	11.4
Total external causes	54.5	56.9	52.2	53.8	71.9	80.4
Suicides	8.5	8.6	8.8	9.0	5.8	5.4
Homicides	3.4	4.3	1.7	1.7	15.9	24.2
Accidents—total	42.7	44.0	41.7	43.1	50.2	50.9
Home accidents	12.7	13.0	12.2	12.5	16.5	16.7
Motor vehicle accidents	15.4	16.5	15.2	16.4	17.3	17.3
Automobile accidents**	14.4	15.5	14.2	15.4	16.3	16.7
All other causes of death	128.8	133.8	119.9	124.6	195.8	203.9

*The rates for 1940 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes aneurysm of the aorta.

‡Excludes pericarditis, acute endocarditis, and acute myocarditis.

**Excludes collisions between automobiles and railroad trains or streetcars.

This shows, for six principal causes of death, and for a residual group, the crude mortality rates among the Industrial policyholders of the Company at two periods, namely, the first six months of 1930 and of 1940. The diagram shows, among other things, how the increases which have occurred are in diseases predominant in later life, the rates for which are adversely affected by the general aging of the population.

The Decline of Smallpox in 1939

THE perennially high incidence of smallpox in this country, a blot on our national record, showed some improvement during 1939. Compared with the 14,983 cases reported in 1938, last year's cases totaled only 10,059. In Canada, on the contrary, cases of the disease increased from 128 in 1938 to 171 in 1939.

Although it is gratifying to learn that the upward trend of smallpox, so marked in recent years, has been at least temporarily arrested, the 10,059 cases reported in 1939 nevertheless exceeded the annual average of smallpox cases for the preceding five years—9,563. With the single exception of India, we still lead the civilized world in our tolerance of this loathsome and dangerous disease—a strangely anomalous position for a nation which prides itself upon being in the forefront of every other movement in preventive medicine. However, as has been repeatedly pointed out in previous issues of the STATISTICAL BULLETIN, the blame for this disgraceful position does not rest upon the entire country. There are areas, notably along the Atlantic Seaboard, where smallpox is as rare a disease as it is in the most advanced of the Western European nations. For example, the six New England States and New Jersey, Pennsylvania, Delaware, and Maryland, with a combined population of over 25,000,000, have reported a total of only 14 cases of smallpox since 1933. The stigma of tolerating smallpox is largely confined to the North Central States and to those lying west of the Mississippi River, a region where antivaccination propaganda is rife and where shortsighted opposition to vaccination is most strongly entrenched. Of the 10,059 cases reported in the entire country last year, 9,494, or 94 percent, occurred within this area, whereas the inhabitants of these States comprised only 50 percent of the total population.

A particularly disheartening feature of the 1939 picture is the fact that many of these States, contrary to the general trend, failed to show any real improvement over their record for recent years. At least 13 States reported excess incidence ranging from 33 to more than 400 percent above the annual average for the preceding five years. The prime offenders in this respect were Ohio, with 637 cases, as against a five-year average of only 118; Indiana, which reported 1,457 cases, against an average of 485; Michigan,

372, as opposed to 106; Iowa, 1,058, as compared with 721; Oklahoma, 872, as against 186; and Tennessee with 283 cases, against an annual average of 53.

During the last decade the State of Indiana has reported a total of 12,733 cases of smallpox, followed closely by Iowa with a total of 11,821 cases. Other bad records were those established by California, 9,594; Texas, 9,247; Illinois, 8,978; Washington, 8,217; and Oklahoma, 7,039.

The greatest number of cases reported by any single community during 1939 came from Indianapolis, namely 386, or about 100 per 100,000 population. Other cities, however, reported even higher incidence rates, notably Marshalltown, Iowa, with 175 cases and a rate of 875 per 100,000; Aberdeen, S. Dak., with 132 cases and a rate of 735; and Zanesville, Ohio, with 223 cases and a rate of 550. The cities of Ada, Okla.; Shelbyville, Ind.; and Crawfordsville, Ind., each with populations of about 12,000, reported 46, 38, and 33 cases respectively, with case rates of 380, 330, and 290 per 100,000.

It is true that the type of smallpox encountered by these States and cities continued to be mild, with few resultant deaths, but that is no excuse for the complacent attitude assumed by these communities. Whether or not this mild form of the disease may suddenly develop into the deadly virulent type, as is suggested by some authorities, the fact remains that such large congregations of unvaccinated persons are a fertile field for the ravages of the more virulent type whenever it may chance to appear. In the face of the absolute proof that immunity from smallpox can be won through vaccination, it is difficult to understand why public opinion in the States still threatened by this plague does not demand compliance with elementary sanitary law.

Smallpox Cases, Deaths, and Case-Fatality Rates for 48 States, District of Columbia, and Nine Canadian Provinces, Years 1937–1939

Area	1939			1938			1937		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canada	10,230	40	0.39	15,111	45	0.30	11,783	33	0.28
United States (48 States and District of Columbia)	10,059	39	0.39	14,983	42	0.28	11,722	31	0.26
Canada (Nine Provinces)	171	1	0.58	128	3	2.34	61	2	3.28

Cases of Smallpox Reported by Each State in 1939 Compared With Those Reported During the Preceding Five Years

Geographic Division and State	Cases Reported in 1939	Average Cases per Annum 1934–1938	Cases Reported During				
			1938	1937	1936	1935	1934
United States	10,059	9,563	14,983	11,673	7,834	7,957	5,371
New England States	6	1	0	1	1	1	2
Maine	0	0	0	0	0	0	0
New Hampshire	0	*	0	0	0	0	2
Vermont	0	*	0	1	1	1	0
Massachusetts	0	0	0	0	0	0	0
Rhode Island	0	0	0	0	0	0	0
Connecticut	6	0	0	0	0	0	0
Middle Atlantic States	52	37	0	72	112	2	0
New York	51	37	0	72	112	2	0
New Jersey	0	0	0	0	0	0	0
Pennsylvania	1	0	0	0	0	0	0
East North Central States	3,009	1,696	3,379	1,997	1,009	885	1,211
Ohio	637	118	360	118	49	30	34
Indiana	1,457	485	1,559	601	105	82	77
Illinois	376	495	965	919	422	83	88
Michigan	372	106	282	152	32	16	49
Wisconsin	167	492	213	207	401	674	963
West North Central States	3,089	3,701	4,765	5,422	4,055	2,982	1,287
Minnesota	491	520	861	671	396	284	390
Iowa	1,058	721	1,170	1,316	747	205	166
Missouri	531	721	1,186	1,751	363	108	199
North Dakota	89	306	411	735	311	51	23
South Dakota	472	386	428	176	690	458	178
Nebraska	225	530	196	169	764	1,296	226
Kansas	223	517	513	604	784	580	105
South Atlantic States	98	88	101	72	62	94	113
Delaware	0	*	0	0	0	1	0
Maryland	0	*	0	0	0	1	0
District of Columbia	0	0	0	0	0	0	0
Virginia	0	11	5	6	4	10	31
West Virginia	26	13	8	18	5	9	23
North Carolina	15	21	35	11	19	24	18
South Carolina	5	13	4	15	18	3	24
Georgia	47	22	33	15	16	32	14
Florida	5	8	16	7	0	14	3
East South Central States	409	258	844	186	52	82	127
Kentucky	89	125	494	76	15	13	29
Tennessee	283	53	162	39	11	11	40
Alabama	26	40	75	48	13	42	23
Mississippi	11	40	113	23	13	16	35
West South Central States	1,524	778	1,506	398	166	686	1,139
Arkansas	136	99	245	97	14	60	81
Louisiana	14	31	20	19	27	28	63
Oklahoma	872	186	605	116	49	51	109
Texas	502	462	636	166	76	547	886
Mountain States	837	1,350	1,482	1,720	1,541	1,465	545
Montana	59	549	329	898	762	739	19
Idaho	132	255	543	371	114	99	149
Wyoming	23	169	57	160	202	321	107
Colorado	327	216	287	215	219	209	152
New Mexico	33	28	55	18	5	46	15
Arizona	241	42	181	4	2	11	13
Utah	20	88	30	51	232	39	86
Nevada	2	3	0	3	5	1	4
Pacific Coast States	1,035	1,651	2,906	1,805	836	1,760	947
Washington	91	742	976	478	331	1,347	580
Oregon	236	382	664	630	369	104	141
California	708	527	1,266	697	136	309	226

*Less than one.

Smallpox Cases, Deaths, and Case-Fatality Rates for 906 United States Cities and 87 Canadian Cities, Years 1937–1939

Area	1939			1938			1937		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canadian Cities (993)	2,201	9	0.41	3,157	13	0.41	3,088	4	0.13
United States Cities (906)	2,198	9	0.41	3,148	12	0.38	3,084	4	0.13
Canadian Cities (87)	3	0	0	9	1	11.11	4	0	0

Our World's Fairs Exhibits

THE Metropolitan Life Insurance Company cordially invites readers of the STATISTICAL BULLETIN to attend its exhibits in the Business Systems and Insurance Building, New York World's Fair, and in the Hall of Science, Golden Gate International Exposition, San Francisco, Calif.

Attention is also drawn to the Medical and Demographic Exhibits in the Hall of Man, New York World's Fair, sponsored by a group of organizations, including this Company.

Health Record for June 1940

THE death rate of the Metropolitan Industrial policyholders for June, namely, 7.3 per 1,000, was with a single exception (7.2 in 1939) the lowest ever recorded for this particular month. The June 1940 figure was substantially 8 percent below the average death rate for the month of June during the decade ended with 1939.

In the general population of the cities of the United States, however, as measured by the reports from 88 major cities, the mortality record for June 1940 was not quite as good as that for this month last year. Viewed from the morbidity angle the picture is nevertheless somewhat better, as the incidence of diphtheria, influenza, whooping cough,

and smallpox was lower in June than in either May of the current year or in June 1939; and only measles and scarlet fever, of the principal communicable diseases, showed higher prevalence than in June a year ago.

The usual seasonal increase of poliomyelitis was in evidence in June, with 47 States and the District of Columbia reporting 230 cases as against 85 in May. There was a distinct concentration of this disease in two Pacific Coast States—California and Washington—from which 140 of the 230 cases were reported. On a countrywide basis the poliomyelitis situation shows improvement over last year, when there were 281 cases in 47 States and the District of Columbia. At that time the highest concentration was in South Carolina, although, like this year, the disease showed above-average prevalence in California.

Among the items of special public health interest recently reported are: The Penn Mutual Life Insurance Company has established the Foundation for the Study of Neoplastic Diseases at the University of Pennsylvania Medical School and will finance this project for five years. On July 15th, at Cornell University, a large number of teachers and field representatives of State and national organizations, working with families in New York State homes, conferred with outstanding nutrition and education specialists. The purpose of the meeting was to further coordination of community effort for the better nutrition, and thus better health, of New York State families.

The Brooklyn Tuberculosis and Health Association has outfitted a "veritable health museum on wheels," to be known as a "health-mobile," which will tour the Borough in a campaign to familiarize even apparently well persons with the dangers of tuberculosis. Lecturers and uniformed public health nurses will be in attendance during the tour, which is expected to take three years. The Department of Health, the Department of Education, and the Brooklyn Health Council are cooperating.

A group of 25 male motorists, who have driven at least 50,000 miles in the metropolitan area during the last five years without a reportable accident, will undergo a series of tests, designed to discover the characteristics of a safe driver, and hence to achieve better understanding and control of automobile accident causes and to reduce the number of crashes. The tests to be carried on in a specially equipped laboratory at the New York University School of Education, will be sponsored by the University's Center for Safety Education in cooperation with the New York State Bureau of Motor Vehicles. Similar tests will also be given to 25 "bad drivers"—accident repeaters—and comparison will determine basic personal causes of automobile accidents.

The following table shows the mortality among Industrial policyholders for June 1940, May 1940, and June 1939, together with the death rates for the first six months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 Policyholders from Selected Causes. Industrial Department. Weekly Premium-Paying Business*

Causes of Death	Annual Rate per 100,000 Policyholders*				
	June 1940	May 1940	June 1939	Year to Date: End of June	
				1940	1939
All Causes—Total	732.0	754.6	715.6	811.4	824.7
Typhoid fever	.3	.4	.6	.4	.5
Measles	.2	.8	1.0	.4	1.0
Scarlet fever	.1	.6	.9	.7	1.0
Whooping cough	1.3	1.0	1.4	1.3	1.9
Diphtheria	.5	.1	1.0	.9	1.2
Influenza	4.6	5.9	4.9	11.9	15.6
Pneumonia (all forms)	28.3	35.0	26.2	47.4	60.5
Tuberculosis (all forms)	43.3	46.5	44.4	46.6	47.4
Tuberculosis of respiratory system	38.2	41.7	40.8	42.2	42.5
Syphilis	11.9	11.8	10.6†	12.4	11.7†
Cancer (all forms)	98.6	97.8	94.5	103.0	100.6
Diabetes mellitus	25.1	28.8	24.7	31.5	29.1
Cerebral hemorrhage	57.2	61.3	57.6	64.3	63.5
Diseases of the coronary arteries	48.0	48.2	34.8	51.3	41.7
Angina pectoris	3.1	3.3	5.1	3.4	7.0
Diseases of the heart (other forms)‡	149.3	157.9	149.2	172.5	174.7
Diarrhea and enteritis	3.9	4.1	4.5	3.7	4.6
Appendicitis	8.3	8.4	9.7	8.9	9.9
Chronic nephritis	54.2	57.3	47.7	61.3	55.4
Puerperal state—total	5.6	3.3	4.4	4.8	5.7
Suicides	8.2	9.4	8.5	8.5	8.6
Homicides	4.4	3.3	4.0	3.4	4.3
Accidents—total	46.1	38.3	46.8	42.7	44.0
Home accidents	9.4	9.3	10.4	12.7	13.0
Motor vehicle accidents	16.9	14.3	15.1	15.4	16.5
Automobile accidents§	16.4	13.2	13.7	14.4	15.5
All other causes of death	129.5	130.9	133.2	130.1	134.9

*The rates for 1940 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes aneurysm of the aorta.

‡Excludes pericarditis, acute endocarditis, and acute myocarditis.

§Excludes collisions between automobiles and railroad trains or streetcars.

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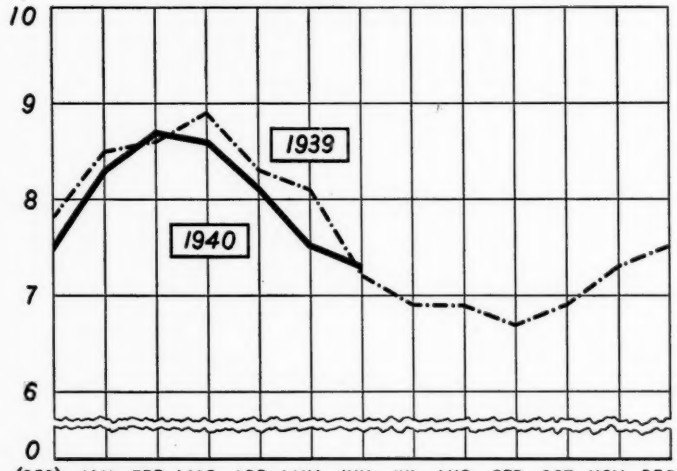
MORTALITY FROM ALL CAUSES

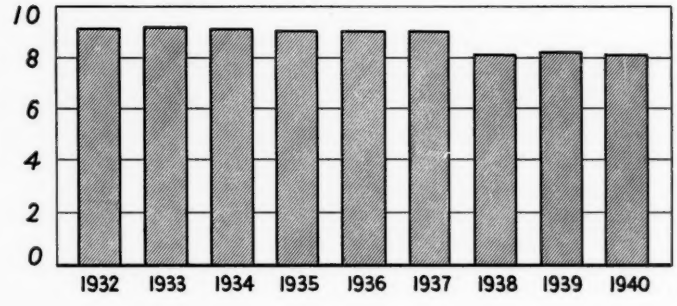
METROPOLITAN LIFE INSURANCE COMPANY
DEATH RATES PER 1,000 POLICYHOLDERS - ANNUAL BASIS
INDUSTRIAL DEPARTMENT · WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES BY MONTHS: 1939 AND 1940



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1939	8.5	8.6	8.9	8.3	8.1	7.2	6.9	6.9	6.7	6.9	7.3	7.5
1940	8.3	8.7	8.6	8.1	7.5	7.3						

DEATH RATES FOR JANUARY TO JUNE, 1932 - 1940



Rates for 1940 are provisional.

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